STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
PLANT HEALTH AND PEST PREVENTION SERVICES
PEST EXCLUSION BRANCH
Form 66-008 (Rev. 4/2004)

TIME:	DATE:	NOTICE NUMBER:
		BILL NUMBER:

AMOUNT:

ORIGIN:



PHONE:

WARNING

THIS SHIPMENT IS UNDER QUARANTINE

THE CONSIGNEE, OWNER OF THIS SHIPMENT, IS REQUIRED TO TELEPHONE THE COUNTY AGRICULTURAL COMMISSIONER TO ARRANGE AN APPOINTMENT FOR INSPECTION.

County Agricultural Commissioner

COMMENTS		
SHIPPER (NAME AND ADDRESS)		SHIPPER PHONE:
		SHIPPER FAX:
RECEIVER (NAME AND ADDRESS)		RECEIVER PHONE:
		RECEIVER FAX:
LOGUINO MODEOTOD		STATION:
ISSUING INSPECTOR		STATION:
CARRIER		TRAILER LICENSE NUMBER:
This vehicle is transporting commodities subject to QUARANTINE REC the County Agricultural Commissioner indicated below. Failure to comp Misdemeaner (sections 6303, 6401, 6501, California Food and Agricult	ly with these restrictions or removing or destroying	
This load authorized to be transported, reported an Agricultural Commissioner at:	nd held with this notice pending rele	ease by the County
County Agricultural Commission	ner	
, ,		
DRIVERS AND AGENTS NOTE: THIS WARNI GIVEN TO THE CONSIGNEE, OWNE		
I, , HERE ADDITIONAL INSTRUCTIONS ISSUED BY THE ENF	BY AGREE TO COMPLY WITH ABO	VE INSTRUCTIONS AND AN
(DRIVER'S SIGNATURE)	(LICENSE NUMBER)	(BIRTHDATE)
		